

# CANCELLATION OF REGISTRATION FOREIGN LIMITED LIABILITY COMPANY

**MAILING ADDRESS:**  
Commercial Recording Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470  
860-509-6003

Office of the Secretary of the State

**DELIVERY ADDRESS:**  
Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

Space For Office Use Only

**Filing Fee: \$60.00**

**Make Checks Payable To "Secretary of the State"**

**1. NAME OF LIMITED LIABILITY COMPANY IN STATE OR COUNTRY OF FORMATION:**

**2. THE NAME UNDER WHICH THE LIMITED LIABILITY COMPANY TRANSACTS BUSINESS IN CONNECTICUT, IF DIFFERENT FROM THE NAME STATED ABOVE:**

**3. STATE/COUNTRY OF FORMATION:**

The undersigned asserts that the above named limited liability company is not transacting business in Connecticut and surrenders its certificate of registration to do so. It further revokes the authority of its statutory agent for service of process and consents that process in any action, suit or proceeding based upon any cause of action arising in Connecticut during the time the limited liability company was authorized to transact business in this state may be served upon the Secretary of the State.

**4. ADDRESS TO MAIL PROCESS SERVED UPON THE SECRETARY OF THE STATE PURSUANT TO THE APPOINTMENT MADE ABOVE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. EXECUTION:**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

<b>Print or type name of signatory</b>	<b>Capacity of signatory</b>	<b>Signature</b>

**INSTRUCTIONS FOR COMPLETING THE APPLICATION  
FOR A CANCELLATION OF REGISTRATION FORM  
Foreign Limited Liability Company**

A foreign limited liability company authorized to transact business in Connecticut may cancel its certificate of registration by filing an application for certificate of cancellation.

Instructions correspond with numbered entries on the form

1. NAME OF LIMITED LIABILITY COMPANY IN STATE OR COUNTRY OF FORMATION: Please provide the name of the limited liability company.
2. THE NAME UNDER WHICH LIMITED LIABILITY COMPANY TRANSACTS BUSINESS IN CONNECTICUT: Provide the name under which the limited liability company transacts business in Connecticut as it currently appears on the records of the Secretary of the State if other than the name stated in item number 1.
3. STATE/COUNTRY OF FORMATION: Please provide the limited liability company's state or country of formation.
4. MAILING ADDRESS FOR PROCESS SERVED UPON THE SECRETARY OF THE STATE: The limited liability company is required by law to appoint the Secretary of the State of Connecticut as its agent to receive legal process in any action suit or proceeding which is based upon a cause of action arising in Connecticut during the time it was authorized to transact business, see Conn. Gen. Stat. Sec. 34-231. Therefore, please provide an address to which the Secretary of the State must mail a copy of any process receive pursuant to this appointment. The address must include, at minimum, a street, city, state (or country if outside of the United States) and a postal code.
5. EXECUTION: The document must be executed by an authorized official of the limited liability company. That person must print or type their name, state the capacity under which they sign and provide a signature. **The execution constitutes a legal statement under the penalties of false statement that the information provided in the document is true.**

**MAKE CHECKS PAYABLE TO THE SECRETARY OF THE STATE**